INVOICE	Customer Name			
	CITY OF CARSON			
Remit to:	Customer Number	Invoice Number	Invoice Date	
LA County Sheriff's Department P.O. Box 512816 Los Angeles CA 90051-0816	508690	221798AL	01-26-22	
	·	ARDept/BPRO	Due Date	
		SH: CCLE	03-27-22	
		Tax ID	Revenue Source	
Bill to:		95-6000927	9317	
CITY OF CARSON ATTN: ACCOUNTS PAYABLE		Amount Due	Amount Enclosed	
701 E CARSON ST		\$1,208.08		
First Supervisorial Dis CARSON CA 90745	strict	Payment Method: Check Money Order		
		Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH		
Please check if address has changed address on back of stub and attach	Nurite correct with payment			

Please detach the above stub and return with your remittance payable to LA County Sheriff's Department

PO#22200563

Sheriff

ORIGINAL

Service	e From	Service To	Unit	Unit Name		Customer 1	Number	Invoice Numbe	r Invoice Date
12-01-21		12-31-21	75766	Carson St	Carson Station-Contract			221798AL	01-26-22
Invoic	e Charg	es							
Ref Line No.	Servic Code	e s	Service		Description	Liab	Actual Ins Service Units	Unit Price	Charges/Credit
1	337	Helicopt	er Svc -	Hrly (CC)	HELICOPTER SERVIOR FOR DECEMBER 202:				\$1,088.36
2					11% LIABILITY INSURANCE				\$119.72
								Subtotal	\$1,208.08

Other Charges	
Description	Charges
	TOTAL OTHER Charges

Credit Payments Applied	\$0.00
Total Amount Due By 03-27-22	\$1,208.08

Please include your invoice number on all payments. MAKE CHECK PAYABLE TO: LOS ANGELES COUNTY SHERIFF'S DEPARTMENT P.O. Box 512816, Los Angeles, CA 90051-0816. Direct Inquiries to: 211 W. Temple St, 6th floor, Los Angeles, CA 90012 (213) 229-3241.

CITY OF CARSON HELICOPTER BILLING 12/01/21-12/31/21

	NO. OF	FY 2021-22			
SERVICE	HOURS	HOURLY		LIAB. INS.	TOTAL
DATE	BILLED	RATE	CHARGE	11.00%	COST
12/01/21-12/31/21	0.6	\$1,813.94	\$1,088.36	\$119.72	\$1,208.08

NOTE: PLEASE REFER TO THE ATTACHED C.L.E.B. MEMO DATED 01/04/22

75766/CARSON STATION 9317/337/C015

We don't accept third-party checks.